

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034683

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

VS 300
Rev. 4/59

1

27003

3

4 0

5 1

6

7 1

8 2

9976X

10

11

129-3

13

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

20 e, f 2416 E. 72nd. St. Kansas City, Mo. Home, Raytown, Jackson Co. No.

BY AFFIDAVIT OF Coroner

MEDICAL CERTIFICATION

Hugh H. Owens

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

4730

FILED OCT 15 1962

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Length of stay in 1b Suicide	c. CITY OR TOWN Raytown
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2416 E. 72th St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 10805 E. 58th St.
3. NAME OF DECEASED (Type or print) First Charles Middle Morris Last Covert		4. DATE OF DEATH Month Sept. Day 13 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-28-1874
9. AGE (last birthday) 88		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done or most of working life, even if retired) Real Estate		10b. KIND OF BUSINESS OR INDUSTRY Retired	
11. BIRTHPLACE (City and state or country) New Matamoras, Ohio		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME J. S. Covert		13b. MOTHER'S MAIDEN NAME Sepulchre Swallow	
14. NAME OF HUSBAND OR WIFE Ruth E. Covert		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Mrs. RUTH E. COVERT	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bullet wound Head		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) Self Inflicted Left	
20c. TIME OF INJURY Hour 9 a.m. 1364 Month, Day, Year not		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home 2416 E. 72nd. St.	
20e. CITY, TOWN, OR LOCATION Kansas City		COUNTY Jackson STATE MO	
21. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Hugh H. Owens (Degree or title)	
22b. ADDRESS 152 Union Station		22c. DATE SIGNED 9-14-62	
23a. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery Kansas City		23b. LOCATION (City, town, or county) Mo.	
24. FUNERAL DIRECTOR Hinton Funeral Home Raytown Mo.		25. DATE RECD. BY LOCAL REG. 9-15-62	
26. REGISTRAR'S SIGNATURE Ruth Long			

Pl 3.17 m

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leroy J. Tyler

Licensed Embalmer No. 4841

P. O. Address Indiantown mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

1. This certificate is valid only when signed by the licensed embalmer in his own handwriting.